



WQPHN – GENERAL PRACTICE TOOLKIT

Understanding your role in the NDIS

May 2022



Acknowledgements

This toolkit has been developed by Queenslanders with Disability Network (QDN) on behalf of Brisbane North PHN and North Brisbane Partners in Recovery. North Brisbane Partners in Recovery is an initiative of the Australian Government.

The information contained in this toolkit has been primarily sourced from the National Disability Insurance Agency's website at www.ndis.gov.au and work that QDN has undertaken over the past five years in working with people with disability to prepare for the National Disability Insurance Scheme.

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Western Queensland Primary Health Network acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past and present.



About the NDIS General Practice Toolkit

1. Practice managers and practice staff to:
 - a. understand key information about the National Disability Insurance Scheme (NDIS)
 - b. gain information about the different ways patients are entering the scheme and what this means for making appointments, timing, and length of appointments.

2. General practitioners (GPs) with information about:
 - a. what is the NDIS and the GP's role
 - b. eligibility, supports and assistance for people with disability through the NDIS
 - c. the forms that GPs can be asked to complete, how patients will access the scheme, and information to assist GPs in completing sections of the form
 - d. referral pathways for patients so they can find out more information and how it will work, and where they can go for assistance. For more information <https://www.ndis.gov.au/understanding>



GPs play a key role in completing *NDIS Forms* to assist people with disabilities and psychosocial disabilities to transition to the National Disability Insurance Scheme.

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Glossary

Access Request Form (ARF)

The ARF is provided by the NDIA to people with disability to complete as part of their application to become a participant of the NDIS. It is provided in electronic and hard copy. GPs need to complete Part F of this form.

Early Childhood Partner (ECP)

Early Childhood Partners are experienced early childhood intervention service providers, with strong clinical expertise and best-practice approaches, who will tailor support to a child's individual needs and circumstances.

Early Childhood Early Intervention (ECEI)

Early Childhood Early Intervention supports children aged 0 – 6 who have a developmental delay or disability, and their families/carers, to develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout life.

Functional Impairment

Loss of, or damage to, a physical, sensory or mental function. The NDIA must be satisfied a participant's impairment is, or likely to be, permanent.

Funded Support

Funded support is the funding that people currently get from State or Commonwealth for specialist disability support.

Health Professional

A treating health professional can provide evidence of a person's disability. This can include GP, paediatrician, orthopaedic surgeon, occupational therapist, speech therapist, neurologist, psychologist, psychiatrist.

Local Area Coordinator (LAC)

Local Area Coordinator can help participants move through the stages of the NDIS eg. understanding the NDIS, access, creating a plan, plan activation (role responsibilities do vary in each office)

NDIA

National Disability Insurance Agency. The NDIA is an independent statutory agency, whose role is to implement the National Disability Insurance Scheme.

NDIS Quality and Safeguards Commission

Independent agency established to improve the quality and safety of NDIS supports and services. The Commission regulate NDIS providers, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement.

NDIS

National Disability Insurance Scheme. The NDIS is a new way of providing support for Australians with disability, their families and carers. The NDIS supports people with disability to build skills and capability so they can participate socially and economically in the community.

NDIS Planning Meeting

Once a participant is deemed eligible for the NDIS they will be contacted by the NDIS or partner for a meeting to prepare their NDIS plan.

Nominee

A nominee is a person appointed in writing, at the request of a participant (patient), or on the initiative of the NDIA, to act on behalf of, or make decisions on behalf of a participant.

Participant

Is a person with disability eligible for support through the NDIS.

Primary Disability

Refers to the impairment that is impacting most on the person's daily function.

Supporting Evidence Form

The Supporting Evidence Form is only used for people who are currently receiving funded disability supports who may need to provide more evidence as requested by the NDIA. GPs need to complete a section of this form.

Supporting Evidence Form – Psychosocial

The Evidence of Psychosocial Disability form is to be completed by your most appropriate clinician, and your support worker or appropriate person. This evidence form makes it easier for people with a psychosocial disability and supporters to collect evidence for NDIS eligibility.

Frequently asked questions

What is the NDIS and who can get it?

The National Disability Insurance Scheme (NDIS) is a national scheme that will be the same for everyone all over Australia. People with disability under age of 65, who are Australian citizens (or hold Permanent or special category visas) and have an impairment that is likely to be permanent that substantially affects their capacity for social and economic participation and likely to need support under the NDIS.

What is my role as a GP with patients who want to access the NDIS?

GPs are considered a treating health professional and therefore an authorised person to complete NDIA paperwork required to meet evidence requirements.

If the person does not have the right assessment completed as required by NDIA, then GPs will need to either complete an NDIA form to provide evidence needed or supply existing reports, assessments or letters that show diagnosis, impact of disability and the supports the person needs.

- **New participants** – If the person is new to getting services – they will contact the NDIA and receive an Access Request Form or download from the NDIS website. GPs complete only Section F (pages 5-8). The person completes the rest.
- **Participants who have been getting disability services** – If the person has had services before but the NDIA does not have enough information, then GPs will be asked to complete the Supporting Evidence Form.

GPs may also need to help people know about the NDIS, and where they can find out more information or who can help them to access the NDIS.

What information do I need to write on the forms?

To satisfy the NDIS requirements, it is important that GPs include information about the:

- **primary disability** (permanent, type, date of diagnosis, how long it will last and available treatments – medications, surgeries or therapies).
- **how the disability impacts** upon person's everyday life in six areas – mobility/motor skills, communication, social interaction, learning, self-care and self-management.
- **what supports the person needs, how and when.**

It is important that the information provided about the impacts of the disability, and their support needs directly relate to the primary disability that has been listed. It needs to be clear that this disability is permanent and the person is likely to need supports due to substantial impacts to their capacity.

Do I need to complete Part F of the *Access Request Form, Evidence of Psychosocial Disability form or Supporting Evidence Form* or can I just send in some reports?

The person will need to complete their relevant sections of the form. The health professional does not need to fill in Part F of the Access Request Form or Access Request – Supporting Evidence Form if they are able to provide recent existing information – letters, assessments or other reports which detail the person's impairment, how long it will last and how it impacts upon their daily life. If the GP has these documents on file, they can be provided instead of completing Part F.

However, if the assessments, letters or reports do not detail this information, particularly how the disability and the functional impairments impact upon the person's day to day life – then Part F of the Access Request Form or the Access Request – Supporting Evidence Form need to be completed.

How long will it take me to complete the forms and how do I bill for the consultation?

It is anticipated that it will take approximately 25 – 35 minutes to complete the forms for participants who already have evidence of their disability. For a participant who does not have supporting evidence, completing the Access Request Form, Evidence of Psychosocial Disability form or Supporting Evidence Form may take more time.

How do I claim for consultation when providing evidence for the NDIS?

GPs should claim normal consultation fees through the Medicare Benefits Schedule (www.mbsonline.gov.au) for the consultation when providing the evidence a person requires for the NDIS. Additional information for billing is provided on the NDIS website <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals>

Who decides if the person is eligible for the NDIS?

Only a staff member of the NDIA, who is a delegate for CEO, can decide if a person is eligible against the National Disability Insurance Scheme Act (2013).

If the NDIA decides a person is not eligible, they may be able to access mainstream and community supports. The LACs and Early Childhood Partners help people to link with services. If the person with disability is not happy with this, they can appeal this decision.

Will the person with disability lose their pension if they get the NDIS?

The NDIS is not means-tested and does not affect a person's income support through Centrelink for their Disability Pension.

What is the difference between the NDIS and the Disability Support Pension?

The NDIS is the funding that a person gets for their day-to-day support around their disability to build their capacity and independence. The Disability Support Pension is an income support for people with disability who are unable to work and it is means-tested.

Can the participant use their Centrelink Assessment to apply for the NDIS?

A participant can complete Part B of the Access Request Form giving permission to the NDIA to collect information from a third party, including Centrelink. This information will help determine whether access requirements will be met but cannot be used instead of Access Request Form.

Different eligibility requirements are determined for Centrelink (income support) and the National Disability Insurance Scheme (funded disability support). These determinations are guided by:

- *Human Services (Centrelink) Act 1997*
- *National Disability Insurance Scheme Act 2013.*

Will the person still get the health services they need or is everything part of the NDIS?

The NDIS does not replace health responsibilities and health services like clinical services, outreach treatment, hospital services, primary health, health education and promotion, dental services. NDIS does consider some disability-related health supports but there must evidence of need that it will be ongoing and directly related to a significant and permanent functional impairment.



What do the mainstream services like health, housing, education still have to provide to people with disability?

Participants who are already been supported by mainstream services will still have access to these supports to ensure the participant has choice and control over the services they receive to achieve their goals.

The NDIA and other governments are all working together through the Disability Reform Council (DRC) and the Senior Officials Working Group (SOWG) to resolve any issues where these services interact. This includes clarifying the Applied Principles and Tables of Support (APTOS), which outline the roles and responsibilities of different sectors who deliver supports to people with disability. (source – NDIS website 28/02/22).

Who can help participants get their evidence together?

Local Area Coordinators can help people get their evidence together. For more information, visit www.ndis.gov.au/about-us/locations.html#qld or the WQPHN website.

Queenslanders with Disability Network (QDN) has some funding to help participants through the access, pre-planning and planning phases (see WQPHN Referral Pathways and mapping resources for contact details).

For children aged 0-6 years, does the GP complete Section F of an *Access Request Form*?

Children aged 0-6 DO NOT need to make an access request and do not need a GP to complete an Access Request Form. The pathway for children aged 0-6 is via the Early Childhood Partner, and this will be the first step for children aged 0-6 rather than completing an Access Request Form. They need to contact the NDIS on 1800 800 110 for information for the Early Childhood Partner in their area (if there is an ECP allocated to the locality).

Is there a special number that the GPs can ring to talk to the NDIA if they have any questions?

There is only one phone number for the NDIA that everyone can call and that is 1800 800 110.

The toolkit

1.1 The NDIS GP Toolkit for western Queensland

The NDIS GP Toolkit has been modified from Brisbane North and North Queensland PHN's toolkits and will reflect the contacts and resources specifically for WQPHN. While this toolkit is intended to support GP's through the NDIS process, the primary source of information will always be the NDIS website.

1.2 The role of the GP in the NDIS

GPs have an important role in the healthcare and lives of people with disability and their families/carers and their professional relationship and partnership with patients. With regards to NDIS, GPs have an important role in completing specific sections of the documents required by NDIA to prove eligibility and enable a person to complete the access process.

GPs can also play a role in helping identify patients who are not currently receiving disability support but who might be eligible for the NDIS, and referring them to NDIS 1800 800 110 number or www.ndis.gov.au to check eligibility and access.

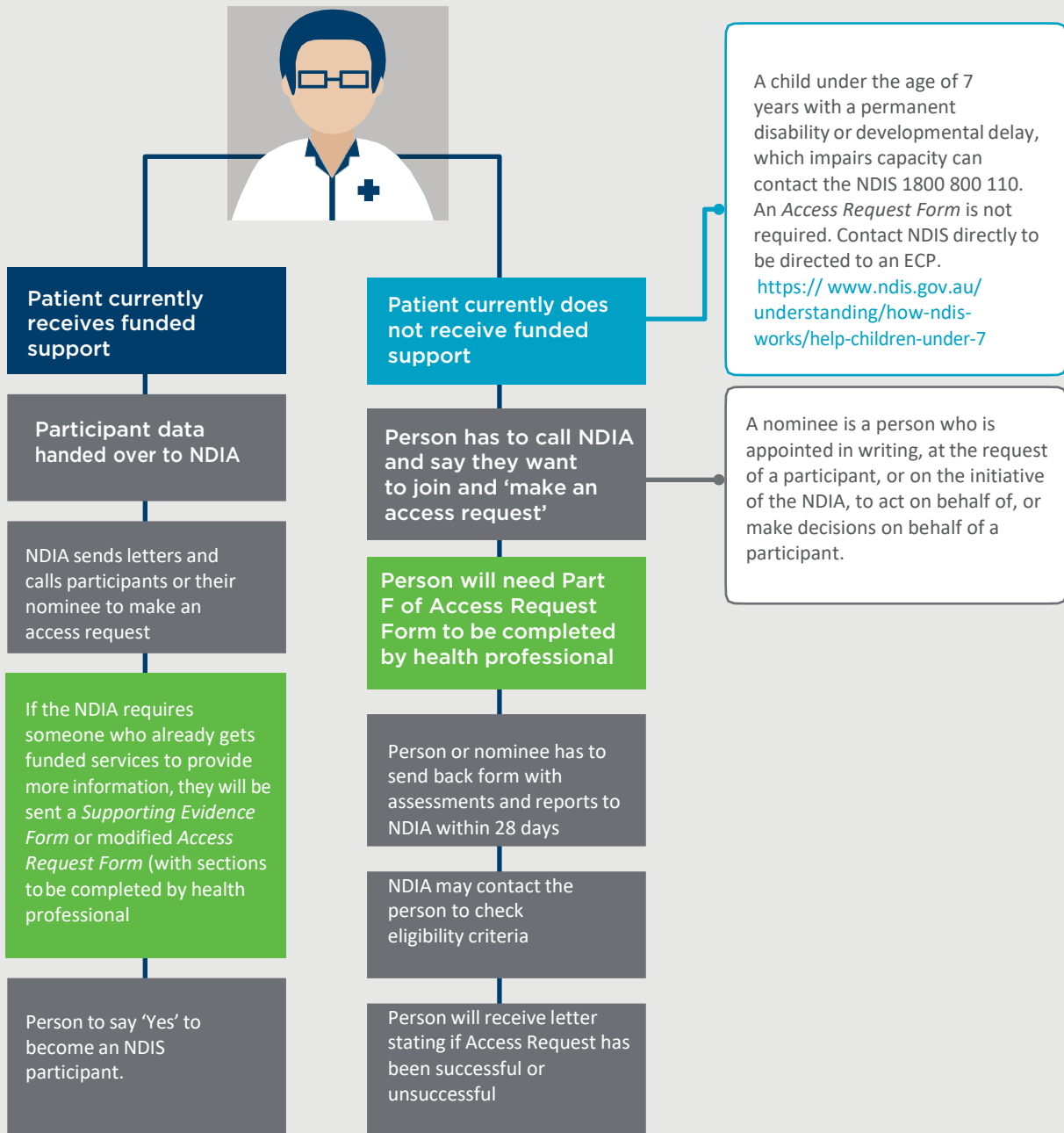
GPs may be asked to provide evidence through completing part of the Access Request Form (Sample Form Appendix A) or Supporting Evidence Form (Sample Form Appendix B), confirming a person's permanent disability or documenting the impact of the person's functional limitations of their disability and how this relates to their support needs.

It is anticipated that GPs will have increased requests within practices to assist participants with the NDIS access component.

Consider longer consultations to complete the NDIS paperwork and the patient can provide information needed in a timely way and attend their appointment with any information that will assist. Practice staff can assist with collection and preparation of information for the GP.

Flowchart 1: What do I have to do as the GP for my patients as part of the NDIS process?

NB. The green boxes are the GP's role within the NDIS steps



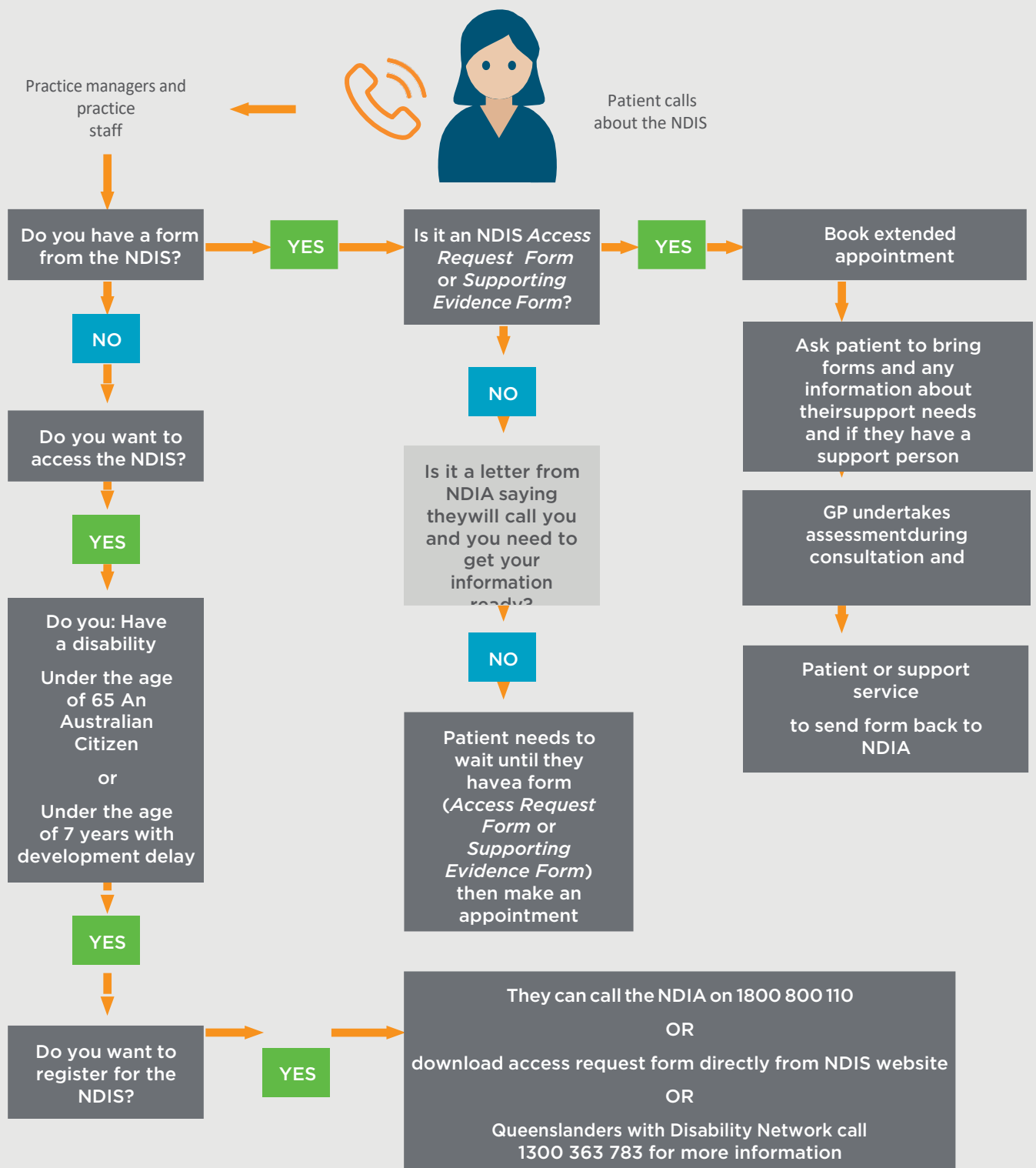
A request for review of a decision or appeal can be made

	Chief Executive Officer National Disability Insurance Agency GPO Box 700, Canberra, ACT 2601		enquiries@ndis.gov.au NDIA
	1800 800 110		

1.3 The role of practice managers and practice staff in the NDIS

Practice managers and practice staff can play an important role in this process and the increase of requests and make for a smoother journey for the person with disability, their family and carers, the GP and the clinic.

Flowchart 2: Support practice managers and practice staff when a patient calls about the NDIS



1.4 What is the National Disability Insurance Scheme?

The NDIS is a new way for people with disability to get the support they need to manage day-to-day living, and to socially and economically participate in their community.

The NDIS is individually funded, based upon what needs people have. It is not a scheme that will place people on waiting lists. If eligible, people can get funding for support. The aim is that disability support funded through the NDIS complements people's clinical care.

The NDIS provides reasonable and necessary supports, Reasonable meaning something that is fair and Necessary meaning something a person requires to support their disability. The NDIS gives people with disability more choice and control in how, when, where and from whom they purchase their supports.

1.5 Who is eligible for the NDIS?

The NDIS is a national approach to providing individualised support and services for eligible people with a disability.

The NDIA are the only people who can decide eligibility.

To be eligible, a person:

- must be under the age of 65 years when applying to join the NDIS
- must live in Australia
 - > be an Australian citizen OR
 - > hold a Permanent Visa OR
 - > hold a Protected Special Category Visa, that is
 - were in Australia on a Special Category Visa on 26 February 2001 or
 - had been in Australia for at least 12 months in the two years immediately before 26 February 2001 and returned to Australia after that day.
- have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and
 - > the impairment substantially reduces the ability to participate effectively in activities, or perform tasks and actions unless the person has:
 - assistance from other people or assistive
 - technology or equipment or
 - can't participate effectively even with assistance or aides and
 - > the impairment affects the person's capacity for social and economic participation and
 - > are likely to require support under the NDIS to increase capacity and independence.

An impairment that varies in intensity e.g. because the impairment is of a chronic episodic nature may still be permanent, and may require support under the NDIS for life, despite the variation.

People with psychiatric disability, or psychosocial disability, may be eligible for the NDIS. For further information on psychosocial disability and NDIS access, visit <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals>

1.6 What are the eligibility requirements for children aged 0-6?

A child under the age of 7 years with a permanent disability or developmental delay, which impairs capacity and daily function, may be eligible for NDIS early intervention support through Early Childhood Early Intervention (ECEI).

Each area will have a NDIA Early Childhood Partner made up of teams of professional and paediatric allied health staff. They will work with children to determine appropriate supports for their development. Referral to the Early Childhood Partner will be the first step rather than completing an Access Request Form.

ECEI contact in your area can be found on the NDIS website <https://www.ndis.gov.au/understanding/how-ndis-works/help-children-under-7>

1.7 What help will NDIS provide for people with disability?

Supports can be provided under the NDIS if the NDIA is satisfied the impairment is of a permanent nature and, most likely that any evidence-based treatments will not provide a cure.

The NDIS will provide support that is both Reasonable and Necessary.

The NDIS can help with things like support to access the community such as social, study, sporting or other interests, learning new things and new skills, assistive technologies or with support to live in your home. It is about the supports a person needs because of a disability.

The different types of support areas include community access, employment and education, day to day living, learning and applying knowledge and health and wellbeing. These are listed in the NDIS Price Guide, and each individual will receive supports that are considered reasonable and necessary for the person, and these will be based upon information that the participant provides at their planning meeting. For information about the Price Guide, visit www.ndis.gov.au/providers/pricing-and-payment and the NDIS pricing calculator [https:// www.supportcalculator.com.au/](https://www.supportcalculator.com.au/)

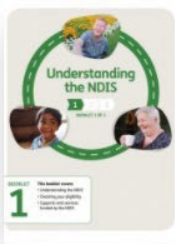
1.8 How do people get into the NDIS?

There are different entry pathways and requirements for people with disability to prove they are eligible, depending on if they are new and never had any specialist disability support before, or for people who have been getting specialist disability support from either State or Commonwealth Government programs.

Generally participants will make an access request to the NDIS by going initially to the NDIS website. If they are accepted, the NDIA will have a planning meeting with them to help identify their goals and their plan for their supports, approve the plan and then the participant will go and implement their plan through purchasing their supports, where, how, when and with whom they choose. NDIS plans, depending on participants complexities and goals, can be reviewed annually or up to a period of every 3 years.

The participant steps are set out in the booklets found on the NDIS website <https://www.ndis.gov.au/applying-access-ndis>

Download the Participant Booklets



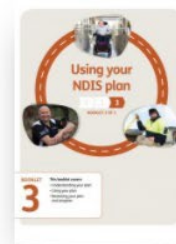
Booklet 1 - Understanding the NDIS

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Booklet 2 - Planning

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Booklet 3 - Using your NDIS plan

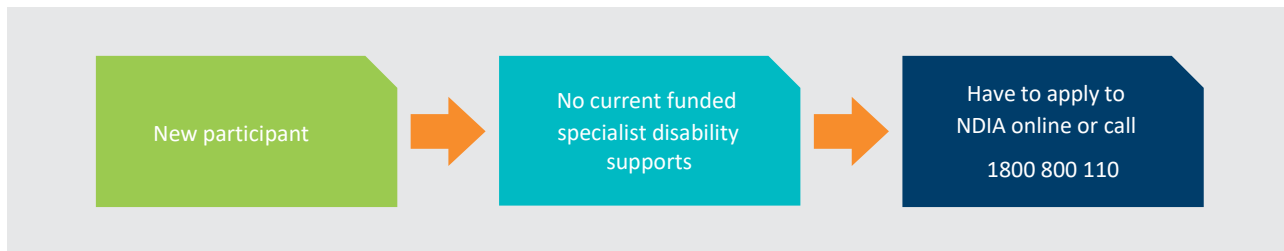
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Start your NDIS journey here

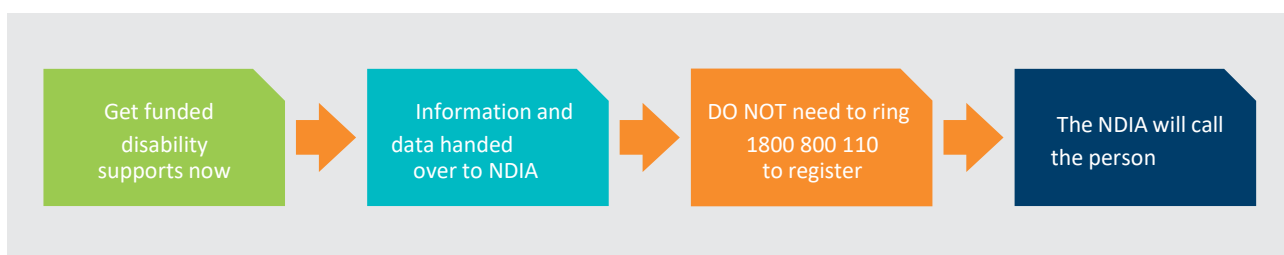


New participants and people currently getting disability services will enter in two different ways.

1 New participant



2 Receive funded disability supports from State or Commonwealth programs



NB: Children aged 0-6 years will need to contact the Early Childhood Partner. The Early Childhood Partner in your area can be found on the NDIS website, see <https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach>

1.9 What if a person does not meet NDIS eligibility?

If a person is unsuccessful in their access request, they may still be able to access support through mainstream and community supports. The Local Area Coordinator, or Early Intervention Partner (for children aged 0 – 6 years) will be able to provide information or referral or see <https://www.ndis.gov.au/applying-access-ndis/how-apply/receiving-your-access-decision/support-people-who-are-not-eligible>

Eligibility can be reassessed if additional evidence provides new information that supports access criteria and is in a three-month period from initial request, see <https://www.ndis.gov.au/participants/how-review-planning-decision>



New participants to the NDIS need to call 1800 800 110 to begin the access process or download the access request form from the NDIS website.

Participants currently receiving disability supports will be contacted by the NDIA to begin access to the NDIS. Children aged 0-6 need to contact the Early Childhood Partner for NDIS early intervention support see <https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach>

NDIS evidence – tips for the GPs

2.1 What evidence will a GP be asked to provide?

GPs can be requested to provide evidence to support a participant's access to the NDIS.

This may include:

- completing Part F of the Access Request Form
- completing Supporting Evidence Form (GPs only need to complete Sections 2&3 if more evidence is required by NDIA)
- completing Section A of the Evidence of the psychosocial disability form
- providing copies of relevant reports or assessments outlining the functional impact of the person's disability, and/or information about the disability
- NB: There are some disabilities where information about how a person's disability impacts upon them may not be needed or where functional capacity changes and further assessment is requested. List A Conditions which are likely to meet the disability requirements <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/eligibility-and-medical-conditions-faq>
 - > List B Permanent conditions for which functional capacity are variable and further assessment of functional capacity generally is required <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/eligibility-and-medical-conditions-faq>

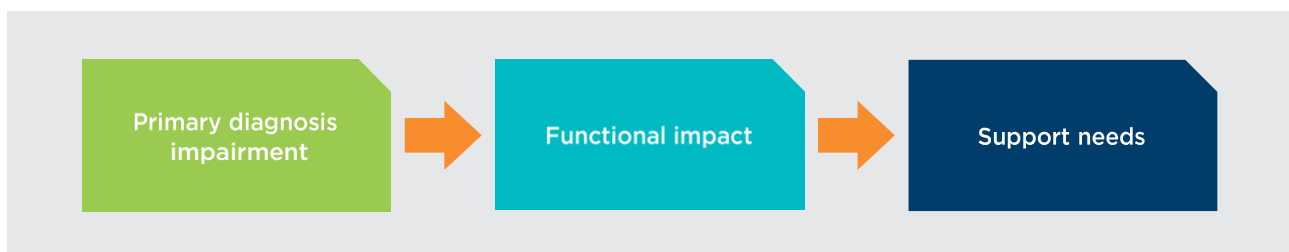
In completing the NDIS documentation, it is important to:

- identify primary disability
 - > type of disability and date of diagnosis
 - > how long the disability will last and available treatments (medications, therapies or surgeries)
 - > describe factors of the disability (e.g. anxiety, behavioural issues, cognitive impairment) that impacts on the person's functionality.
- describe the functional impacts and support needs as they relate to the primary disability (i.e. not a secondary disability or impairment)

(If there are secondary disability or impairment, the functional impact described must be clearly linked and related to the secondary disability when writing up the information)

- identify the type and frequency of support the person needs to be able to live their daily life. Gather information from carers, family and supports about the person's day-to-day functions. Carers and family can complete family/carer impact statements
- **use language that anyone can read and understand and try to avoid medical terminology and language.** <https://www.summerfoundation.org.au/wp-content/uploads/2018/04/getting-the-language-right-web.pdf>

Although a participant may have multiple disability diagnoses or impairments, it is important to **identify the primary condition, disability or impairment, what functional impact relates to the primary disability and what support they need because of that substantial functional limitation.**



If this is not completed accurately, the participant may be denied access to the NDIS or requested to gather further information.

For example:

A participant with Cerebral Palsy has a disability that impacts upon their functional ability to move around, get out of the house, or use public transport (Mobility and Motor Skills) and impact on their ability to attend to every day personal care (Self Care).

A person with a psycho-social* disability has an impairment that impacts upon their functional ability to manage day to day living (Self-Management) and care for their personal hygiene or take their medication as prescribed (Self Care).

*See www.ndis.gov.au/psychosocial/products.html#what for the meaning of psychosocial disability.

2.2 Tips for completing *Access Request Form—Part F* or *Supporting Evidence Form—Sections 2 & 3*

GPs may be asked by their patients to complete either of the following three forms and the relevant sections for GPs:

- *Access Request Form – Part F*
- *Supporting Evidence Form – Sections 2&3*
- *Evidence of the psychosocial disability form - Section A*

Sections in these forms request for the GP to provide the evidence of the primary disability, the significant functional impact of the person's disability or impairment and support they require.

The key parts of the information a GP will be requested to provide are:

- **permanent disability**—evidence that the person has or likely to have a permanent disability or impairment for life.
- **functional impact**—evidence of the substantial impact of the disability or impairment has on the person's day to day functioning across one or more of the six areas below
- **support needs**—what support the person needs related to their functional impact, how much they need and how often they need the support.

2.3 Functional impacts

Functional Impact - six areas:

It is important in completing NDIS documentation, for GPs to provide evidence that the primary diagnosis substantially reduces the functional capacity in one or more of the following activities:

- **mobility:** this means the ability of a person to move around the home (crawling/walking) to undertake ordinary activities of daily living, getting in and out of bed or a chair, leaving the home, moving about in the community and performing other tasks requiring the use of limbs
- **communication:** includes being understood in spoken, written or sign language, understanding others and expressing needs and wants by gesture, speech or context appropriate to age
- **social interaction:** includes making and keeping friends (or playing with other children), interacting with the community, behaving within limits accepted by others, coping with feelings and emotions in a social context
- **learning:** includes understanding and remembering information, learning new things, practicing and using new skills
- **self-care:** means activities related to personal care, hygiene, grooming and feeding oneself, including showering, bathing, dressing, eating, toileting, grooming, caring for own health care needs
- **self-management:** means the cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including completing daily tasks, making decisions, problem solving and managing finances.

Note: The functional impact needs only to identify significant impairment or capacity in one of the impact areas.

2.4 Examples of different types of support needs that people have across the six areas of Functional impact

Examples of support					
Mobility and motor skills	Communication	Social interaction	Learning	Self-care	Self-management
Using public transport	Letting other people know needs and wants	Initiating conversations	Learning new things	Looking after self	Doing household jobs
Leaving the house	Help to talk with others	Social interaction	Organising information	Personal hygiene	Budgeting money
Moving around house	Assistive technology	Making and keeping friends	Memory and planning	Shower, dressing	Problem solving things that arise
Going to shops	Following instructions or directions	Understanding feelings and interactions	Studying and attending courses	Dental/oral hygiene	Making decisions
Modifications to house	Other	Talking to strangers or particular people	Other	Medication	Keeping safe
Other		Other		Other	Taking responsibility
					Looking after nutrition and diet

To access the NDIS, a person will need to show they have support needs in one or more of the six functional areas. Below is a table that shows the most likely functional areas impacting on an impairment with examples below.

Impairment	Mobility and motor skills	Communication	Social Interaction	Learning	Self-care	Self-
Intellectual		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Cognitive		<input type="radio"/>		<input type="radio"/>		
Neurological	<input type="radio"/>				<input type="radio"/>	
Sensory		<input type="radio"/>				
Physical	<input type="radio"/>				<input type="radio"/>	
Psychosocial					<input type="radio"/>	<input type="radio"/>

2.5 Examples of patients' information for six areas of functional impairment

The following sections provide examples of how Section F or the Access Request Form can be completed for a range of disabilities.

1. Mobility/motor skills

Moving around the home (crawling/walking), getting in or out of bed or a chair, leaving the home and moving about in the community.

Assistance required does not include commonly used items such as glasses and walking sticks.

Does the person require assistance to be mobile because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive technology
- Yes, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Physical disability example:

X has impaired mobility and cannot mobilise without equipment and physical assistance. As such requires: Equipment – a wheelchair to move around her house and also in the community, a hoist and shower chair to assist her transferring in and out of her chair and with bathing; equipment charger, drinking cup and modified cutlery for eating. Assistance from other persons – to assist with hoist transfers in the house and in the community, including transferring in and out of bed 7 days x twice per day, onto her shower chair 1 x 7 days and with transfers when in the community. X also requires assistance to charge her equipment each night.

Neurological disability example:

T's Multiple Sclerosis results in restricted movement including moving around his home without support. Because of his muscular spasms and problems with weakness in his legs. He is unable to walk and relies on a wheelchair to get around both at home and in the community. T has lack of functioning in his upper limbs which affects his ability to be able to properly control his movement in his hands to direct his controls for his wheelchair, or to be able to get smaller items such as money, cards, independently out of his own wallet. As such he requires: Equipment – wheelchair for at home and in the community, hoist, shower chair, charger. Assistive technology – to assist with controlling and driving his chair – due to limited mobility, environment control unit to allow him to control his room temperature, door opening, light switching and vital call system. Assistance from other persons to assist with transfers, including transferring in and out of bed 7 days x twice per day, onto his shower chair 1 x 7 days and with transfers when in the community, assistance to charge equipment each night and to pay for goods and services while out in the community – 4 times on average per week.

2. Communication

Being understood in spoken, written or sign language, understanding others and express needs and wants by gesture, speech or context appropriate for age.

Does the person require assistance to communicate effectively because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive technology
- Yes, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Intellectual disability example:

M is a 45 year old woman with severe intellectual disability. She lives at home with her aging mother who is unable to physically support her undertaking community outings and activities, due to the mother's mobility issues. M receives a disability service 5 hours and 3 days per week where a support worker assists her around Centrelink pension issues, banking and shopping.

M has good receptive communication skills in terms of understanding what others are saying to her, however she experiences challenges with being understood by others through spoken words and sign language. M has only 3 words that she can say that can be generally understood. This includes, yes, no, and Mum. She has some basic Makaton signing, however these are not widely understood by the broader community. M can understand what others are saying to her but has limited communication and gestures to point at things. With regards to interacting with the community and mainstream services, M is challenged with expressing her needs for example with banks, Centrelink, medical services, shopping, etc. She requires a support person to be with her at all times when she accesses these services. When M is unable to be understood by others, she can become frustrated and start to display behaviours of hitting herself. M needs someone to help her at these times with prompting her with words to help her use her self-calming strategies.

Hearing impairment (Sensory) example:

D is a 36 year old woman who has a hearing impairment, lives with her husband and two children, and has a job in an accounting firm.

D has a hearing impairment and communicates using Auslan. D does not have any spoken communication and cannot lip read. D experiences challenges in being understood by others as they do not understand Auslan. D needs an interpreter to communicate with others in her employment, accessing all services as a customer in the community and everything she does.

3. Social Interaction

Making and keeping friends, interacting with the community (or playing with other children), coping with feelings and emotions.

Does the person require assistance to interact socially because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive technology
- Yes, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Cognitive disability example:

T has an acquired brain injury (ABI) and currently spends most of his time at home. Since his injury 10 years ago at the age of 35, T is living at home with his elderly mother. He is spending most of this time at home as he does not like to leave the house, and he has lost all of his friends and informal networks beyond his mother. T has difficulty making and keeping friends, as he has limited control over managing his own responses and anger and frustration. When he is frustrated, he will respond to people aggressively, and this has impacted upon his friendships. T is choosing to be alone and apart from times when his mother takes him to medical appointments and to the shops he has limited interactions and his mother has to help him manage his behaviour and responses to others when his behaviour is becoming aggressive. T needs this support every day.

Intellectual disability example:

F is 8 years old and has reduced capacity and inability to effectively participate in play with other children. F becomes frustrated and overwhelmed by noise and in situations where there are lots of voices talking, particularly challenging for him when in situations that are not one to one. When F is in these situations, his behaviour will escalate quickly into yelling, screaming and hitting out at others including other children and adults. This occurs on a daily basis. F does not understand the social norms and rules in playing with other children, he will talk only about himself and dominate the conversation with a limited focus on topics particularly planes. As a result, he is unable to communicate effectively with his peers and is isolated and does not have any friends or friendships. At lunch time he sits by himself, F becomes easily upset when things do not go as he expects and bursts into tears immediately, and runs away. This has led to him running away from the school and being lost in the community. He needs supervision and guidance from a support person at all times to assist him with understanding what is going to happen next, to monitor where he is, and to ensure that he is not able to leave the school or his home environment. This constant monitoring is required by his parents also which has impacted upon their capacity to care for him. He needs continual prompting and guidance from others to help him with what comes next, and what he can do to manage his emotions and respond to the situation. He needs this on a daily basis in his interactions with others.

4. Learning

Understanding and remembering information, learning new things, practising and using new skills.

Does the person require assistance with self-care because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive
- technology

Yes, needs assistance from other persons:

(physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Intellectual disability example:

M has difficulty with understanding and remembering information, and challenges with remembering simple and complex tasks and instructions. M has difficulty in learning new things in school or traditional education settings and needs specific assistance with a tailored teaching program to assist the learning process. Even with repetitive teaching of new skills, M needs prompting and guidance from a supervisor to help keep on task and undertake the steps of the task that are required. M needs a longer time to practice new skills and this needs to be in an environment where he can have the time and space without additional pressure to complete things within a specific time frame. M needs this for simple tasks like the steps of making toast, through to more complex tasks like catching the train. M needs this in all areas of his life on a day to day basis.

Cognitive disability example:

K has difficulty understanding and remembering information and then translating that into actions or tasks. He is unable to learn and remember the tasks associated with going shopping by himself, or cooking, or being able to predict what is going to happen next and organise information in a logical way to make his decisions. K is unable to be left alone within his home or the community as he needs supervision constantly to ensure his safety in all these environments. He requires a support person to be with him to assist him to understand when he is interacting with others in the community.

5. Self Care

Showering/bathing, dressing, eating toileting, caring for own health (not applicable for children under two years of age)

Assistance required does not include commonly used items such as non-slip bath mats, bathroom grab rails and hand rails installed at stairs.

Does the person require assistance with self-care because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive
- technology

Yes, needs assistance from other persons:

(physical assistance, guidance, supervision, prompting)

If yes, please describe the type of assistance required:

Physical disability example:

X has a physical disability that means they use a wheelchair and are unable to weight bear without assistance to transfer from their wheelchair into the shower or the toilet. Their disability also means that they have limited movement in their upper limbs which impacts upon X's ability to eat food, and means that they cannot dress themselves without assistance. X needs this support every day to be able to shower, dress, eat and go to the toilet.

Psycho-social disability example:

S is a 32 year old woman who lives in rental accommodation shared with 3 other residents. Due to her delusional beliefs about people spying on her and recording her every move through hidden cameras in the bathrooms, she has paranoia about showering and going to the toilet. Because of this she has poor levels of hygiene, only showering when someone instructs her to do so, and checks the bathrooms to turn off the 'cameras'. S has poor diet as she only wants to eat takeaway meals, and she does not take her medication unless someone prompts her to do so.

6. Self-Management

Doing daily jobs, making decisions and handling problems and money (not applicable for children under 8 years of age)

Does the person require assistance with self-management because of their disability?

- No, does not need assistance
- Yes, needs special equipment
- Yes, needs assistive technology
- Yes, needs assistance from other persons:
(physical assistance, guidance, supervision or prompting)

If yes, please describe the type of assistance required:

Intellectual disability example:

M has an intellectual disability and needs daily support to keep his house tidy including making his bed, washing dishes and clothes and sweeping the floor. He finds it difficult to complete any tasks that are outside of his routine. He needs support with household chores every day. The Public Trustee is appointed as administrator for M with regards to his money. While the PT administers his money, M still does not have the skills to budget his money on a day to day basis. He does not understand the value of money and the difference between handing over \$100 vs \$5, what items costs and that he needs to get change back as part of a transaction. M is able to make decisions about what clothes he wants to wear and what he wants to eat, however, he is unable to work through more complex decisions to work through a range of options, what risks there are, and make the best decision. M cannot cook his meals, but is able to independently pour his cereal into the bowl and add milk but needs assistance to do the shopping once a week and cook his dinner meals daily.

Psycho-social disability example:

S has difficulty completing daily chores due to ongoing auditory hallucinations, her inability to concentrate and low motivation due to her medications associated with schizophrenia. While she lives independently, she finds managing the auditory hallucinations exhausting and distracting and needs assistance daily through guidance and prompting to assist her cleaning her house, doing her washing and cooking her meals. She needs prompts and guidance with managing her money, planning her budget and ensuring that she does not spend all her pension in the first week.

2.6 Reports and assessments

The NDIA may ask the person to provide evidence of their disability and functional and significant impact. It is not necessary to pay for new assessments as existing reports and evidence may be enough to satisfy the eligibility criteria. Evidence can include proof of identity, evidence of disability, impact of disability and functional assessments.

Below are examples of assessments or reports a GP may have on file that can support the person's access request.

Type of evidence	What evidence	Examples
Evidence of disability	Diagnosis and treatments	<ul style="list-style-type: none"> • hospital discharge plan • mental health plan • level of lesion SCI • ASIA Score • Modified Rankin Scale (Stroke) • DSM ID and ASD
Impact of disability on daily life	How the disability impacts on daily life	<ul style="list-style-type: none"> • case notes from a service provider • person's diary • carer statement
Functional assessments	How disability impacts on the ability to function in everyday activities	<ul style="list-style-type: none"> • specialist reports e.g. OT, Psychologist, psychiatrist, speech therapist • assessment information provided to or prepared by existing service providers e.g. specialised disability support service • Health, Department of Communities, Disability Services and Seniors, Department of Justice and Attorney General, Department of Housing • statement by the person, family members, carers, support workers • other assessments

2.7 What standardised assessments are considered 'best practice' in evidence for each primary disability?

The following table provides a summary of examples of the different standardised assessment tools which treating health professionals who are part of multidisciplinary teams of care for people with disability can carry out to assist evidence of disability requirements for the NDIS.



Primary Disability (in)	Treating health professional – any following member of the multidisciplinary teams listed	Disability Evidence preference order)
Acquired Brain Injury	ABI health professionals	<ol style="list-style-type: none"> 1. Care and needs scale (CANS) (17 years and over) 2. World Health Organisation disability assessment schedule (WHODAS) 2.0 (17yrs+) and 3. PEDI-CAT (16
Autism	Psychologist Occupational Therapist Speech Therapist	<ol style="list-style-type: none"> 1. DSM-V 2. Vineland adaptive behaviour scale (Vineland-II) 3. WHODAS 2.0 – (17+) 4. PEDI-CAT (16 yrs and under)
Cerebral Palsy	Occupational Therapist Physical Therapist Paediatrician Physiotherapist	<ol style="list-style-type: none"> 1. Gross motor functional classification scale (GMFCS) 2. Manual ability classification scale (MACS) 3. Communication function classification system (CFCSS)
Hearing impairment	Audiologist	<ol style="list-style-type: none"> 4. Hearing impairment responses and groupings guide (17+ years) 5. PEDI-CAT (16 years and under) 6. Hearing acuity score
Intellectual disability, Developmental Delay, Global Developmental delay, Down Syndrome	Psychologist Occupational Therapist Speech Therapist	<ol style="list-style-type: none"> 1. DSM-V 2. Vineland adaptive behaviour scale (Vineland-II) 3. WHODAS 2.0 – (17+) 4. PEDI-CAT (16 yrs and under)

(in Primary Disability	Treating health professional – any following member of the multidisciplinary teams listed	Disability Evidence preference order)
Multiple Sclerosis	Neurologis Disease steps trained Nurse examiner	1. Disease steps 2 Patient determined disease steps (PDDS) 3 Expanded disability status scale (EDSS)
Psychosocial disability	Clinical psychiatric staff Psychiatrist General Practitioner Psychologist (in limited circumstances) Clinical Psychiatric staff (eg. Mental health/psychiatric nurses, Occupational Therapists, Social Workers) Mental Health Allied Health Professionals Australian Mental Health Outcomes and Classification Network (AMHOCN) trained mental health staff (including Mental Health Peer Workers).	1 Health of the nation outcome survey (HoNOS) 2 Life skills profile – 16 item (LSP-16) 3 WHODAS
Spinal cord injury	Neurologist Physiotherapist Occupational Therapist Recreational Therapist Psychologist Psychiatrist	1. Level of lesion; or 2. American spinal injury association impairment scale (ASIA/AIS) 3. WHODAS 2.0 (17 yrs +) 4. PEDI-CAT (16 yrs and under)
Stroke	Neurologist	1. Modified Rankin Scale (MRS)
Vision impairment	Ophthalmologist	1. Vision impairment questionnaire (17yrs+) 2. PEDI-CAT (16 yrs and under) 3. Visual acuity rating
Other	Occupational Therapist Speech Therapist Physiotherapist Social worker	1. World Health Organisation disability assessment schedule 2. WHODAS



The key information a GP may be requested to provide are:

- **Permanent disability**—evidence that the person has or likely to have a permanent disability or impairment for life.
- **Functional impact**—evidence of the substantial impact of the disability or impairment has on the person's day to day functioning across one or more of the six areas below
- **Support needs** – what support the person needs related to their functional impact, how much they need and how often they need the support.

Referral pathways and resources

3.1 Referral pathways

NDIS Information	
NDIS	Phone: 1800 800 110 Email: enquiries@ndis.gov.au Website: https://www.ndis.gov.au/
WQ HealthPathways	National Disability Insurance Scheme (NDIS) https://wq.communityhealthpathways.org/286873.htm Early Childhood Early Intervention (ECEI) https://wq.communityhealthpathways.org/498533.htm
NDIS Quality and Safeguards Commission	Phone: 1800 035 544 Email: contactcentre@ndiscommission.gov.au Website: https://www.ndiscommission.gov.au/
Advocacy Services	
Queenslanders with Disability Network	Phone: 1300 363 783 Email: qdn@qdn.org.au Website: https://qdn.org.au/
People with Disability Australia	Phone: 1800 422 015 Email: pwd@pwd.org.au Website: https://pwd.org.au/
The Advocacy and Support Centre	Phone: 1800 272 596 Email: tascroma@tasnational.org.au Website: https://www.tasnational.org.au/
Queensland Advocacy Incorporated	Phone: 1300 130 582 Email: qai@qai.org.au Website: https://qai.org.au/
Aged and Disability Advocacy Australia (ADA Australia)	Phone: 1300 818 338 Email: info@adaaustralia.com.au Website: www.adaaustralia.com.au

3.2 Fact sheets and Links

NDIS Access Request Form	https://www.ndis.gov.au/applying-access-ndis
NDIS Access checklist	https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals
Evidence Request Form	https://www.ndis.gov.au/how-apply-ndis/what-access-request-form#supporting-evidence-form
Evidence Request Form for Psychosocial	https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals
Early Childhood Early Intervention	https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach
NDIS Local Area Coordinator	https://www.ndis.gov.au/understanding/ndis-each-state/queensland
Evidence of your Disability	https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/providing-evidence-your-disability
Mental Health and NDIS	https://www.tspforall.com.au/ or https://reimagine.today/
RACGP NDIS Guide for Physicians and Paediatricians	https://www.racgp.org.au/running-a-practice/practice-resources/general-practice-guides/ndis-information-for-general-practitioners
WQPHN website for NDIS support services mapping	https://www.wqphn.com.au/
Getting the Language Right	https://www.summerfoundation.org.au/wp-content/uploads/2018/04/getting-the-language-right-web.pdf
List of conditions <i>List A: Conditions that do not require evidence under current NDIS guidelines</i> <i>List B: Permanent conditions for which functional capacity are variable and further assessment of functional capacity generally is required</i>	https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/eligibility-and-medical-conditions-faq
Support for People who are not eligible for NDIS	https://www.ndis.gov.au/applying-access-ndis/how-apply/receiving-your-access-decision/support-people-who-are-not-eligible



New participants

If the person is new to getting services – they will contact the NDIA and receive an Access Request Form. GPs complete only Section F. The person completes the rest

Participants who have been getting disability services

If the person has had services before but the NDIA does not have enough information, then GPs will be asked to complete the Supporting Evidence Form or the Supporting Evidence Form for Psychosocial Disability.

e: wq_admin@wqphn.com.au
w: wqphn.com.au



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